



Please answer the following 2 questions in 1-2 short paragraphs and attach to application:

1. Describe your personal practice.

2. Why do you wish to be a Certified Yoga Teacher at this time in your life?

Health Information:

Current Health status: _____

Pregnant: Yes / No _____ Months at time of program

Under medical treatment/supervision for: _____

Current Injuries? Explain: _____

Chronic physical limitation handicap _____
(e.g. vision, hearing, movement, etc.)

Nature and extent of limitation _____

Prescription medications: _____

(indicate dosage and frequency of intake)

Emergency contacts

Name: _____ Phone: _____

Physician: _____ Phone: _____



Dates: January 2021 – May 2021

Price: Early Bird (By October 2020) \$3300

Regular Price: \$3700

Payment Plan: \$3900 (\$500 Monthly Installments with \$500 Initial Deposit due at sign up)

Teacher Training Program students will receive unlimited yoga classes at all Joya Yoga studios during the training.

Requirements:

A. Contact hours:

This is a 5 month program which meets 2 weekends per month January 2021 through May 2021. Fridays 6-9pm, Saturdays and Sundays 11am-7pm.

Weekend meeting dates:

January 8,9,10 & 23,24
February 5,6,7 & 20,21
March 5,6,7 & 20,21
April 10,11,12 & 24,25
May 7,8,9 & 22,23

Contact hours will also involve:

- 20 attended yoga classes with approved Joya Yoga instructors
- 3 observed yoga classes with approved Joya Yoga instructors
- 3 assisted yoga classes with approved Joya Yoga instructors

B. Non-contact hours

- Reading assigned texts and writing observations
- Homework
- Teach 5 classes
- Attend 2 approved workshops



Declaration of Disclosure and Acceptance of Terms:

I hereby declare the above information is true to the best of my knowledge. I understand that misrepresentation of this information constitutes grounds for the

rejection of this application, expulsion from the program or revocation of certification. I understand that failure to complete the certification requirements will result in my not being certified. I understand that I am entitled to no refunds, credits or adjustments resulting from my failure to complete the certification requirements or uphold any of these conditions.

Signature: _____

Date: _____